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\*\* CONTINUING DATA \*\*\*\*\* No  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\* No  
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Examiner's Signature <i>Shankar K. KCT</i> Initials				

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## TITLE

Adaptive transmission method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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